

ATTESTATION

Section 2 ATTESTATION of Supervised Practice for Practice Without Protocols

For those APRNs who have a master's degree or a doctorate degree in nursing, who have separate course work in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology to include 45 contact hours of graduate work in each area, and who have completed 2000 hours of advanced nursing practice under the supervision of a physician.

APRN Name _____

Whereas the above named APRN has a master's degree or doctorate degree in nursing; and

Whereas the above named APRN can demonstrate separate course work in pharmacotherapeutics, advanced health assessment, and pathophysiology or psychopathology by submission of a transcript(s) or official verification from an approved program consisting of 45 contact hours of graduate work in each of the identified areas;

Now therefore, be it resolved hereto that prior to commencing practice without proof of protocols:

The above named APRN must have completed two thousand (2000) hours of practice under the supervision of a physician; and

That submission to the Department of Health, Professional and Occupational Licensing Division this signed and verified ATTESTATION of Supervised Practice for Practice Without Protocols shall serve to meet the requirement for supervised practice.

STATE OF _____ COUNTY OF _____

I, _____ being duly sworn, say that I am the person identified above as an Advanced Practice Registered Nurse (APRN) in the State of Nebraska; that I have completed two thousand (2000) hours of advanced practice nursing under the supervision of a physician; and that upon request will provide proof of such supervised practice.

Signature APRN _____